



Brucelea Haven

Q3 2024

Together We Make a **QUALITY** Difference!

This Continuous Quality Improvement Report, titled Together We Make a **QUALITY** Difference, is designed to highlight our ongoing commitment to enhancing the quality of care for our residents. Each quarter, this report will provide insights into key performance indicators, comparing our outcomes to provincial averages, and addressing factors that influence our performance.

The essence of this report lies in our view that when residents, families, and staff work collaboratively, we can achieve remarkable improvements in the care and support we provide. By fostering an environment of open communication and shared responsibility, we empower everyone to contribute to high quality care. Together, we can make a significant and positive impact on the lives of our residents, ensuring they thrive in a supportive and caring environment.

As we move forward, we invite everyone to engage with this report and join us in our commitment to continuous improvement. Together, we can truly make a **QUALITY** difference.

RESIDENTS WHO FELL

LONG-TERM CARE RESIDENTS WHO FELL

WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario who fell during a 30-day period before an assessment by a health care professional. A lower percentage is better. The provincial benchmark is 9% with the provincial average sitting at 15.4%. Falls among long-term care home residents are a common cause of injuries such as hip fractures and may result in a visit to the emergency department or hospital admission.

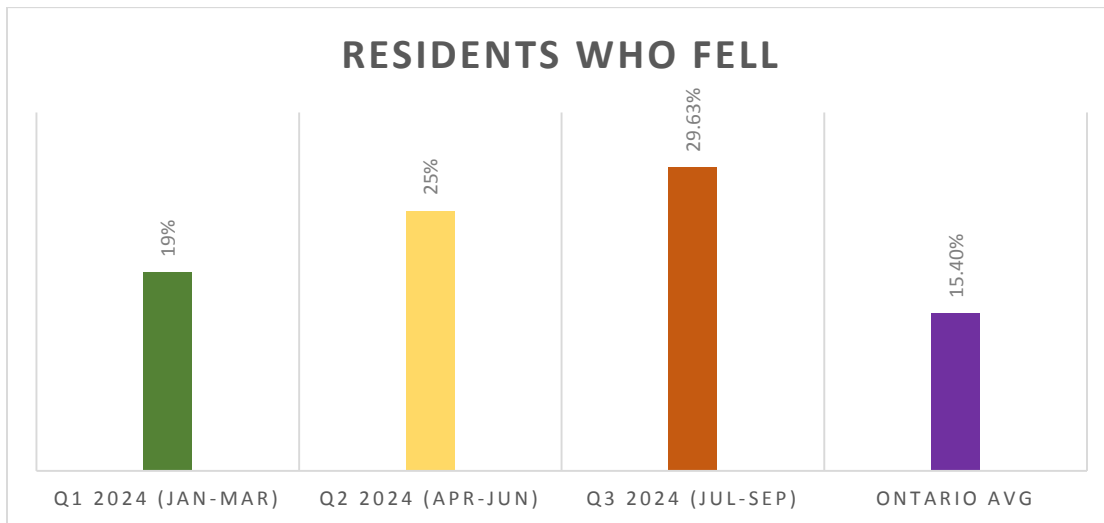
2024 GOAL

Our home's goal for 2024 is to align with the provincial average or lower for the percentage of residents who fell by December 31, 2024.

COMMENTS: A higher percentage for Q3 2024 is indicative of a significantly lower denominator than in previous quarters. Number of residents who fell is lower than previous quarters.

36% of all falls in 2024 were residents on unit 2S, where the population experiences higher volumes of wandering and exit seeking residents with severe cognitive impairments, resulting in attempted self-transferring and falls.

37% of all falls in 2024 occurred on the evening shift, where we see a higher volume of residents experiencing sundowning- where they are attempting to leave the unit.



ANTIPSYCHOTIC USE

RESIDENTS NOT LIVING WITH PSYCHOSIS WHO WERE GIVEN ANTIPSYCHOTIC MEDICATIONS

WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario not living with psychosis who were given antipsychotic medication seven days before being assessed by a health care professional. A lower percentage is better. The provincial benchmark is 19%. Antipsychotic medication can help control hallucinations, agitation, or aggression caused by dementia.

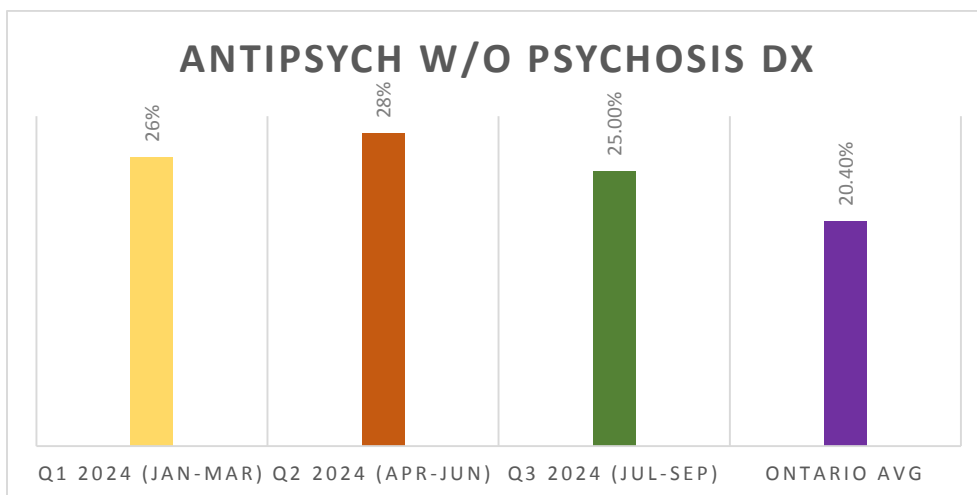
2024 GOAL:

Our home's goal for 2024 is to align with the provincial benchmark of 19% or lower.

As part of our annual Quality Improvement Plan, the team is working on the following change ideas to support lowering this number:

- Training 100% of direct care full-time and part-time staff members on the Gentle Persuasive Approach by December 31, 2024. This will enhance the knowledge and skills of staff to assist them in non-pharmacological interventions with residents exhibiting responsive behaviours.
- Ensuring that all residents on antipsychotic medication are reviewed each quarter by the Clinical Care Coordinators to ensure that diagnosis are reflective of current behaviours constituting antipsychotic usage.

COMMENTS: The actual number of residents on antipsychotic medication has been reduced since April of 2024 from 53-51 total residents. Most of the usage occurs on unit 2S where more residents experience responsive behaviours that may impact their level of aggression towards co-residents.



PAIN

RESIDENTS EXPERIENCING PAIN AND RESIDENTS EXPERIENCING WORSENING PAIN

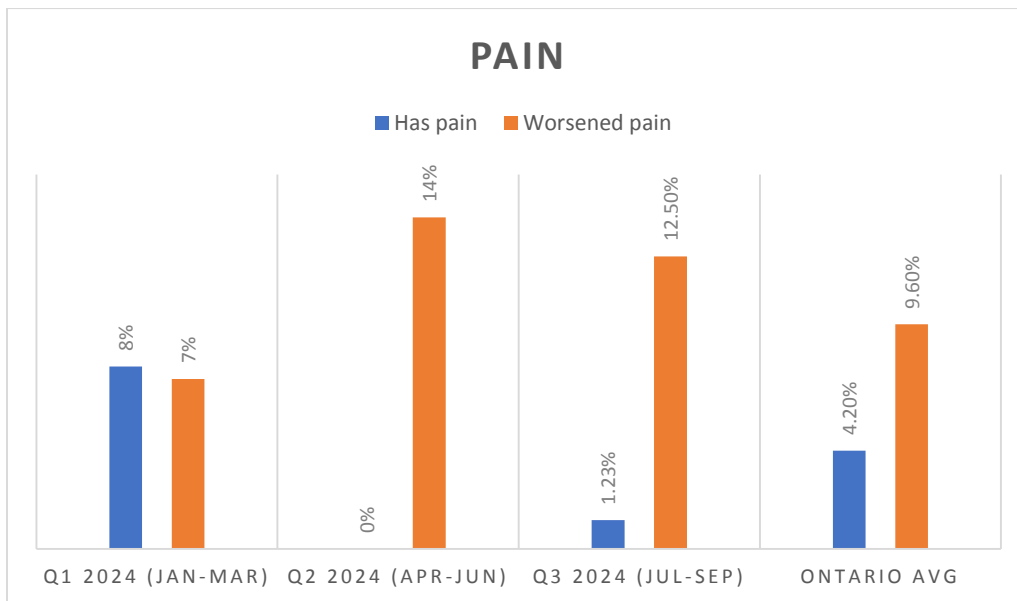
WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario who experienced moderate pain daily, or any severe pain, during the seven days prior to an assessment by a health care professional. A lower percentage is better. Pain, which can cause sleep problems, depression, agitation or limited mobility, may be under-reported or under-treated.

2024 GOAL

The home's goal is to ensure that residents experiencing worsening pain is at or below the provincial average of 9.6% and residents experiencing pain is at or below the provincial average of 4.2%.

COMMENTS: The home has made significant progress in identifying “pain goals” with the residents and their families, resulting in a more consistent way of managing changes in pain levels, according to the resident’s acceptable level of pain.



WORSENE D MOOD

RESIDENTS EXPERIENCING WORSENE D MOOD WITH SYMPTOMS OF DEPRESSION

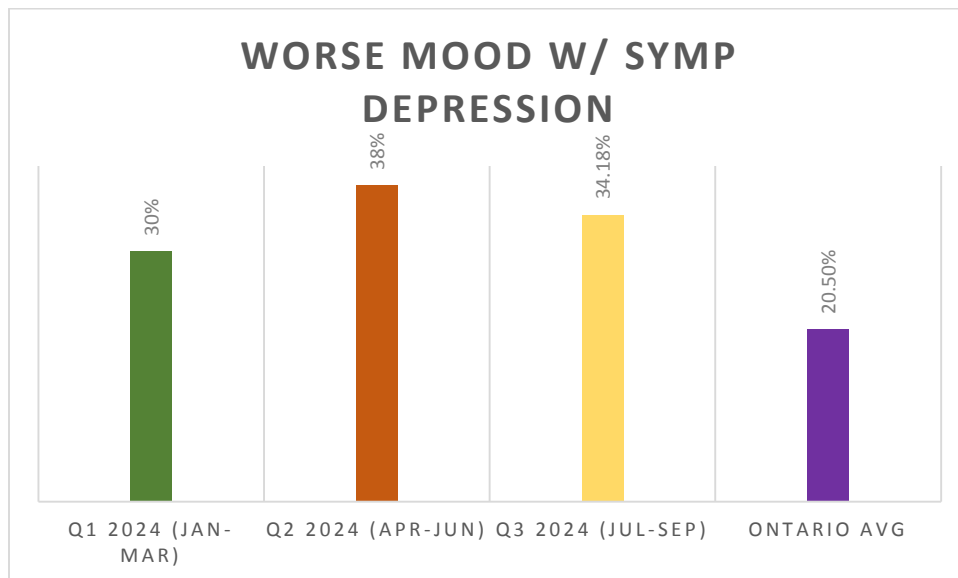
WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario whose symptoms of depression worsened since their last assessment. A lower percentage is better. The provincial benchmark is 13%. Symptoms of worsened depression such as growing sadness, anger, anxiety or tearfulness, are associated with a functional decline in long-term care home residents, as well as suffering by their families and caregivers.

2024 GOAL

The home's goal is to ensure that residents experiencing worsening mood with symptoms of depression is at or below the provincial benchmark 13%.

COMMENTS: The indicators is dependent on the complement of residents. The home offers many programs, services or activities that support Residents with depressive symptoms. Additionally, referrals are mad to physician/NP /Social Workers for additional strategies to support.



ACTIVITIES OF DAILY LIVING

RESIDENTS EXPERIENCING IMPROVED OR WORSENEO PHYSICAL FUNCTIONING

WHAT DO THESE INDICATORS MEAN

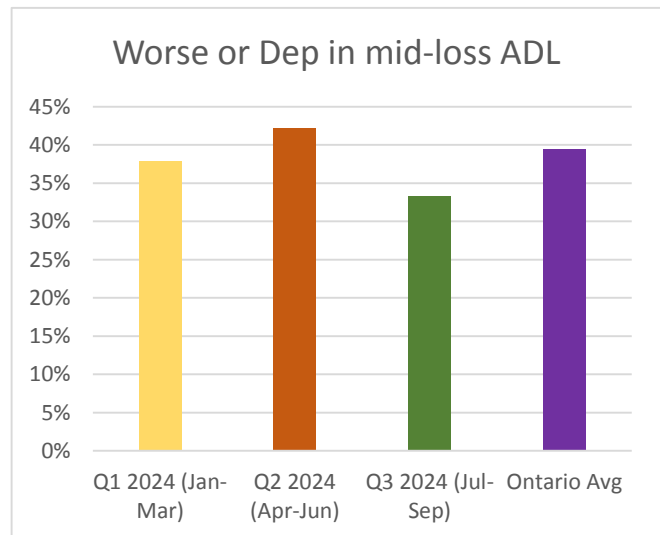
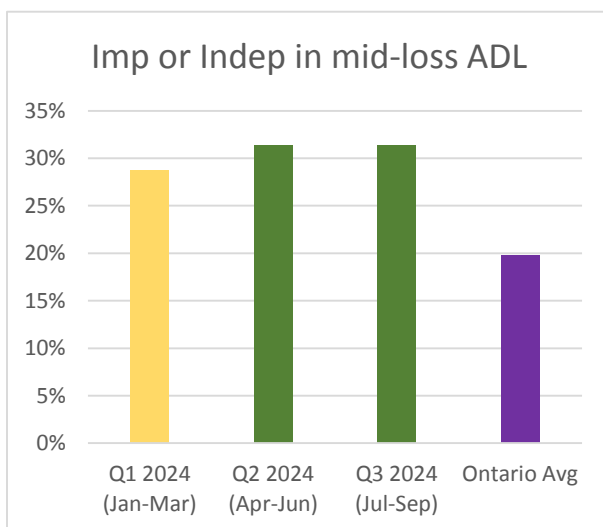
Improved: This indicator provides the percentage of long-term care residents who improved or remained completely independent in transferring and locomotion. Higher is better. It means that a higher percentage of residents improved or remained independent in transferring and locomotion (mid-loss ADLs).

Worsened: This indicator provides the percentage of long-term care residents who worsened or remained completely dependent in transferring and locomotion. Lower is better. It means that a lower percentage of residents worsened or remained dependent in transferring and locomotion (mid-loss ADLs).

2024 GOAL

The home's goals are to be aligned with or better than the provincial averages (19.8% for improved) and (39.4% for worsened).

COMMENTS: The home has noted improvements in improved or maintained independence in mid-loss ADLs which is a testament to the work of our physiotherapy team and nursing staff for identifying ways to support residents maintain their physical independence. 54% of residents are receiving physiotherapy programming with the top goals of improved walking, prevention of decline, and improved range of motion.



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PRESSURE ULCERS

RESIDENTS EXPERIENCING WORSENED STAGE 2-4 PRESSURE ULCERS

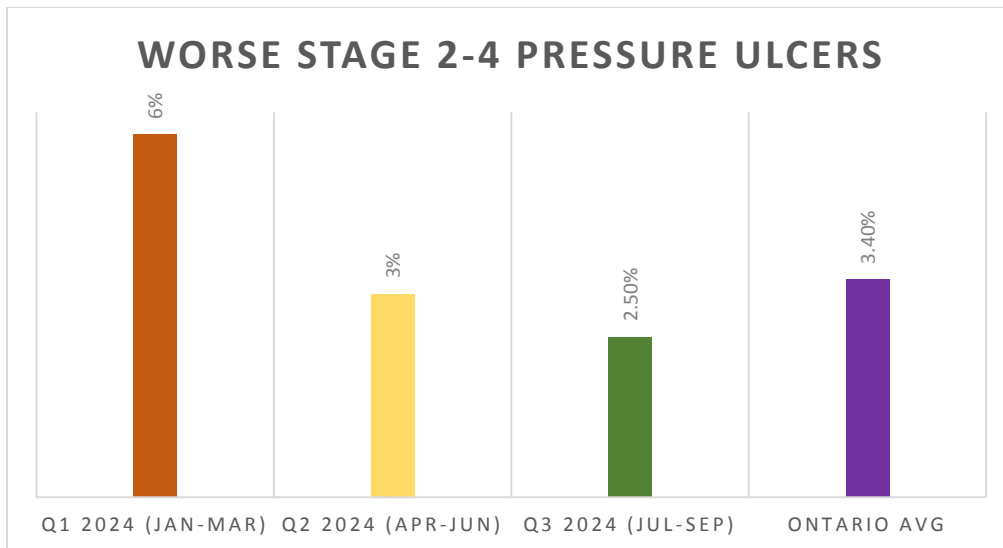
WHAT DOES THIS INDICATOR MEAN

This indicator looks at the number of long-term care residents whose stage 2 to 4 pressure ulcer had worsened since the previous assessment. Pressure ulcers can happen when a resident sits or lies in the same position for a long period of time. Immobility may be due to many physical and psychological factors, neurological diseases like Alzheimer's and improper nutrition or hydration. Careful monitoring is required to ensure good quality of care.

2024 GOAL

Our home's goal for 2024 is to be at or below the provincial benchmark for worsening stage 2-4 pressure ulcers which is at 1%. The current Ontario average is 3.4%.

COMMENTS: The home is actively working on the quality of skin and wound assessments, with a focus on identifying signs and symptoms of infection in wounds. All nursing staff have been educated on assessment techniques and treatment and we anticipate the number to continue to trend downward as we are becoming more successful in effectively treating worsening wounds.



RESTRAINTS

LONG-TERM CARE RESIDENTS WHO ARE PHYSICALLY RESTRAINED

WHAT DOES THIS INDICATOR MEAN

This indicator shows the percentage of long-term care home residents in Ontario who were physically restrained every day in the seven days prior to being assessed by a health care professional. A lower percentage is better. The provincial benchmark is 3%. Restraints, such as chairs, trunk or limb restraints, can protect residents from harming themselves or others. However, physical restraints may cause agitation and confusion and increase the risk of pressure ulcers or injury.

2024 GOAL

The home's goal for 2024 is to maintain our lower than provincial average number of residents who are physically restrained.

COMMENTS: While the home maintains a low average of number of residents who are physically restrained, often residents admitted from hospital experience restraints within that environment. We work with the physician, family, resident and care team to determine the most appropriate level of support to meet the residents *needs*.

